



State of North Carolina
Department of Health and Human Services
Division of Health Service Regulation

Convalescent Vehicle Inspection Report

Date: _____

Location: _____



Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

PROVIDER INFORMATION

Provider Name: _____ Provider #: _____

System Affiliation: _____ EMS System _____ Model _____ System Name: _____

VEHICLE INFORMATION

Current Permit #: _____ Vin #: _____ Year: _____ Make: _____

Vehicle Type: _____ 2 X 4 _____ 4 X 4 _____ Assigned Vehicle Number: _____ Fuel Type: _____ Gas _____ Diesel

Proposed Operational Level: _____ EMT _____ Purpose of Inspection: _____ Permitting _____ Compliance

PERMITTING INSPECTION

Convalescent Vehicle Inspection

Section A: Mandatory Items

- ____ **Vehicle Body & Function**
- ____ **Two-Way Radio or Cellular Phone**
- ____ **Interior Dimensions (min. 48" X 102")**
- ____ **Wheeled Cot w/ Security**
- ____ **Portable O2 Cylinder**
- ____ **O2 Regulator w/ adult & Pedi Mask**
- ____ **Portable suction device w/ tubing**
- ____ **Adult BV w/mask & tubing**
- ____ **Pedi BV w/ child & Infant mask plus tubing**
- ____ **Adult BP Cuff**

Missing any items in Section A results in
Summary Suspension or refusal of permit

Section B: Five Point Deduction Items

- ____ Exterior Cleanliness
- ____ **Mounted Fire Extinguisher**
- ____ Flashlight w/ extra batteries
- ____ Patient Area Lighting
- ____ **Heating & Cooling Source**
- ____ Interior Cleanliness
- ____ OPA's (Adult & Pedi size)
- ____ Adult Nasal Cannula
- ____ Rigid Suction devise
- ____ Adult Stethoscope
- ____ Child BP Cuff
- ____ Infant BP Cuff
- ____ Masks

Section B: Continued

- ____ Disinfecting Hand Wash
- ____ Disposable Bio Trash Bags
- ____ Non-Sterile Gloves
- ____ Broselow Tape
- ____ Car Seat Avail. To restrain < 20 lbs pedi
- ____ CPR Board

Section C: One Point Deduction Items

- ____ **Provider Name Displayed on each side**
- ____ **Reflective on all sides**
- ____ **"Convalescent Ambulance" on both sides & rear**
- ____ Equipment Secured
- ____ Nonporous Pillow w/ cover
- ____ Sheet
- ____ Blanket
- ____ Dressing
- ____ Bandages
- ____ Roll Gauze
- ____ Heavy Duty Scissors
- ____ Tape
- ____ Urinal
- ____ Bed Pan
- ____ Emesis Basin

Convalescent Vehicle Scoring

Section B: _____ X 5pts = _____

Section C: _____ X 1pts = _____

Total Score B & C: _____

Less than 22 points = Satisfactory
Greater than 22 points = Unsatisfactory
Section A or greater than 55 points =
Summary Suspension or refusal of permit

____ **Deficiencies corrected during Inspection**

Inspection Results

____ **Pass**

Permit #: _____

Expiration: _____

Failed:

____ **Refusal of Permit**

____ **Failed – Temporary**

____ **Failed - Summary Suspension**

Comments: _____

Compliance Inspection:

Type: _____ Ramp _____ Spot _____ Provider Audit

Personnel: _____ Level: _____

#1: _____

#2: _____

Inspector: _____